D H E C

P R O M O T E   P R O T E C T   P R O S P E R

South Carolina Department of Health
and Environmental Control

Instructions for completing the Bacteriological
Analysis Input Form
DHEC 1974 (05/2000)

DHEC 1974 Page 1

System Number – This is the 7 digit number assigned to the system by SCDHEC

Name of Water System – The name of the public water system as referenced by SCDHEC

Analytical Method – The number from the Standard Methods that correlates with the type of analyses performed by the contract laboratory

Contaminant ID – 3100 (for coliforms)

Sample Type – "D" or "Distribution"

Compliance Period Begin – The first day of the monitoring period (month or quarter) for which data is being submitted

Compliance Period End – The last day of the monitoring period (month or quarter)

Number of Samples Required – The minimum number of bacteriological samples required for analysis according to population (per the State Primary Drinking Water Regulations) of the public water system

Number of Samples Taken – The number of ROUTINE samples collected that monitoring period. Do not include the number of repeat samples if they had to be collected during that monitoring period

Number of Samples Total Coliform-Positive – The number of routine samples that were total coliform positive

Number of Samples Fecal Coliform-Positive – The number of routine samples that were fecal coliform positive

Number of Repeat Samples Required – If a system collects one sample per monitoring period they are required 4 repeats for each positive routine sample. If a system collects more than one sample per monitoring period they are required 3 repeats for each positive routine sample.

Number of Repeat Samples Taken – The total number of repeat samples that were collected

Number of Repeat Samples Total Coliform-Positive - The total number of repeat samples that were total coliform positive

Number of Repeat Samples Fecal Coliform-Positive - The total number of repeat samples that were fecal coliform positive

Number of Days Turbidity Exceeded 1 NTU – N/A if not applicable

Number of Samples Collected Due to Elevated Turbidity – N/A if not applicable

Laboratory ID – The 5 digit number for the SCDHEC certified contract lab that performed analyses

Laboratory Name – Name of the certified lab that performed analyses

Comments – Please note any additional comments in this section

Signature/Date – Please be sure all reports are signed and dated prior to submitting

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System Name/System Number/Compliance Period – to be completed at the top of page 2

For each sample that has been collected and analyzed for compliance purposes, the following information must be completed:

Date/Time Taken, Sample Location, Total Coliform Presence or Absence (P/A), Fecal Coliform Presence or Absence (P/A)

If repeats have been collected due to positive results, the **Repeat** column must be marked

South Carolina Department of Health and Environmental Control
Bureau of Water
Bacteriological Analysis Input Form

B

South Carolina Department of Health and Environmental Control

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System Number _____

Name of Water System _____

Analytical Method (numerical) _____

Contaminant ID _____

Sample Type _____

Compliance Period Begin (month / day / year) _____

Compliance Period End (month / day / year) _____

Number of Samples Required _____

Number of Samples Taken _____

Number of Samples Total Coliform Positive _____

Number of Samples Fecal Coliform Positive _____

Number of Repeat Samples Required _____

Number of Repeat Samples Taken _____

Number of Repeat Samples Total Coliform Positive _____

Number of Repeat Samples Fecal Coliform Positive _____

Number of Days Turbidity Exceeded 1 NTU _____

Number of Samples Collected Due to Elevated Turbidity _____

SCDHEC Certified Laboratory ID _____

Laboratory Name _____

Comments:

Signature _____   Date_____

This signature certifies that all samples were collected, ananlyzed and reported according to the *State Primary Drinking Water Regulations.*

DHEC 1974 (Rev. 5/00)

South Carolina Department of Health and Environmental Control
Bureau of Water
Bacteriological Analysis Input Form - Individual Sample Dates and Locations

System Name: _____ System No. _____ Compliance Period _____ to _____

Date/Time Taken	Sample Location	Total Coliform (✓)		Fecal Coliform (✓)		Repeats? (✓)		Date/Time Taken	Sample Location	Total Coliform (✓)		Fecal Coliform (✓)		Repeats? (✓)
		P	A	P	A					P	A	P	A	